

SENATE BILL 516

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2000 Regular Session
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CF 0lr2496

By: **Senators Pinsky and Sfikas**

Introduced and read first time: February 4, 2000

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

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

3 FOR the purpose of altering the circumstances under which certain policies,
4 contracts, and certificates that provide pregnancy-related benefits may not
5 exclude benefits for certain expenses arising from certain in vitro fertilization
6 procedures; prohibiting the Maryland Health Care Commission from excluding
7 certain coverage for certain in vitro fertilization procedures from the
8 Comprehensive Standard Health Benefit Plan under small group market health
9 insurance; providing for the application of this Act; and generally relating to
10 benefits for in vitro fertilization under health insurance.

11 BY repealing and reenacting, with amendments,
12 Article - Insurance
13 Section 15-810 and 15-1207
14 Annotated Code of Maryland
15 (1997 Volume and 1999 Supplement)

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

18 **Article - Insurance**

19 15-810.

20 (a) This section applies to:

21 (1) each individual hospital or major medical insurance policy of an
22 insurer that:

- 23 (i) 1. is delivered or issued for delivery 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;

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

1 (i) 1. is issued or delivered in the State; or
2 2. covers individuals who reside and work in the State; and

3 (ii) is written on an expense-incurred basis; and

4 (3) each individual or group medical or major medical contract or
5 certificate of a nonprofit health service plan that:

6 (i) is issued or delivered in the State; or

7 (ii) covers individuals who reside and work in the State.

8 (b) (1) A policy, contract, or certificate subject to this section that provides
9 pregnancy-related benefits may not exclude benefits for all outpatient expenses
10 arising from in vitro fertilization procedures performed on the policyholder,
11 subscriber, or certificate holder, or dependent spouse of the policyholder, subscriber,
12 or certificate holder.

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

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

16 (1) the patient is the policyholder, subscriber, or certificate holder, or a
17 covered dependent of the policyholder, subscriber, or certificate holder;

18 [(2) the patient's oocytes are fertilized with the patient's spouse's sperm;]

19 [(3)] (2) (i) the patient [and the patient's spouse have] HAS a history
20 of infertility of at least 5 years' duration; or

21 (ii) the infertility is associated with any of the following medical
22 conditions:

23 1. endometriosis;

24 2. exposure in utero to diethylstilbestrol, commonly known
25 as DES; or

26 3. blockage of, or surgical removal of, one or both fallopian
27 tubes (lateral or bilateral salpingectomy);

28 [(4)] (3) the patient has been unable to attain a successful pregnancy
29 through a less costly infertility treatment for which coverage is available under the
30 policy, contract, or certificate; and

31 [(5)] (4) the in vitro fertilization procedures are performed at medical
32 facilities that conform to the American College of Obstetricians and Gynecologists
33 guidelines for in vitro fertilization clinics or to the American Fertility Society minimal
34 standards for programs of in vitro fertilization.

1 15-1207.

2 (a) In accordance with Title 19, Subtitle 1 of the Health - General Article, the
3 Commission shall adopt regulations that specify:

4 (1) the Comprehensive Standard Health Benefit Plan to apply under this
5 subtitle; and

6 (2) a modified health benefit plan for medical savings accounts that
7 qualify under the federal Health Insurance Portability and Accountability Act of 1996,
8 including:

9 (i) a waiver of deductibles as permitted under federal law;

10 (ii) minimum funding standards for medical savings accounts; and

11 (iii) authorization for offering the modified plan only by those
12 persons who offer the Comprehensive Standard Health Benefit Plan adopted in
13 accordance with item (1) of this subsection.

14 (b) The Commission shall require that the minimum benefits allowed to be
15 offered in the Standard Plan:

16 (1) by a health maintenance organization, shall include at least the
17 actuarial equivalent of the minimum benefits required to be offered by a federally
18 qualified health maintenance organization; and

19 (2) by an insurer or nonprofit health service plan on an
20 expense-incurred basis, shall be actuarially equivalent to at least the minimum
21 benefits required to be offered under item (1) of this subsection.

22 (c) (1) Subject to paragraph (2) of this subsection, the Commission shall
23 exclude or limit benefits or adjust cost-sharing arrangements in the Standard Plan if
24 the average rate for the Standard Plan exceeds 12% of the average annual wage in the
25 State.

26 (2) The Commission annually shall determine the average rate for the
27 Standard Plan by using the average rate submitted by each carrier that offers the
28 Standard Plan.

29 (d) In establishing benefits, the Commission shall judge preventive services,
30 medical treatments, procedures, and related health services based on:

31 (1) their effectiveness in improving the health status of individuals;

32 (2) their impact on maintaining and improving health and on reducing
33 the unnecessary consumption of health care services; and

34 (3) their impact on the affordability of health care coverage.

1 (e) (1) [The] EXCEPT AS OTHERWISE PROVIDED IN THIS SUBSECTION, THE
2 Commission may exclude:

3 [(1)] (I) a health care service, benefit, coverage, or reimbursement for
4 covered health care services that is required under this article or the Health -
5 General Article to be provided or offered in a health benefit plan that is issued or
6 delivered in the State by a carrier; or

7 [(2)] (II) reimbursement required by statute, by a health benefit plan for
8 a service when that service is performed by a health care provider who is licensed
9 under the Health Occupations Article and whose scope of practice includes that
10 service.

11 (2) THE COMMISSION MAY NOT EXCLUDE COVERAGE FOR IN VITRO
12 FERTILIZATION PROCEDURES AS REQUIRED UNDER § 15-810 OF THIS TITLE.

13 (f) The Standard Plan shall include uniform deductibles and cost-sharing
14 associated with its benefits, as determined by the Commission.

15 (g) In establishing cost-sharing as part of the Standard Plan, the Commission
16 shall:

17 (1) include cost-sharing and other incentives to help prevent consumers
18 from seeking unnecessary services;

19 (2) balance the effect of cost-sharing in reducing premiums and in
20 affecting utilization of appropriate services; and

21 (3) limit the total cost-sharing that may be incurred by an individual in
22 a year.

23 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
24 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
25 on or after October 1, 2000. Any policy, contract, or health benefit plan in effect before
26 October 1, 2000, shall comply with the provisions of this Act no later than October 1,
27 2001.

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