

Department of Legislative Services
Maryland General Assembly
2000 Session

FISCAL NOTE
Revised

House Bill 350 (Delegate Clagett. *et al.*)

Economic Matters

Health Insurance - Coverage for In Vitro Fertilization

This bill requires a health insurer, nonprofit health service plan, or HMO (carrier) that provides pregnancy-related services to provide benefits for in vitro fertilization (IVF). Health insurers and nonprofit health service plans must provide IVF benefits to the same extent as pregnancy-related benefits, and HMOs must provide IVF benefits to the same extent as other infertility services. A carrier that provides IVF benefits must provide it for infertility due to abnormal male factors, including oligospermia.

The bill also changes the required duration of infertility for either spouse from five to two years before an enrollee is eligible for IVF treatment. A carrier may limit IVF benefits to three attempts per live birth, not to exceed a lifetime maximum benefit of \$100,000. In addition, a carrier may exclude IVF coverage under a contract with a religious organization if the provision of IVF benefits conflicts with the religious organization's bona fide religious beliefs and practices.

The bill's requirements apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2000.

Fiscal Summary

State Effect: Minimal general fund revenue increase from the State's 2% insurance premium tax on for-profit carriers. Minimal special fund revenue increase for the Maryland Insurance Administration from the \$125 rate and form filing fee. No effect on the State Employee Health Benefits Plan or Medicaid.

Local Effect: Expenditures for local jurisdiction employee health benefits could increase if carriers raise their premiums as a result of the bill's requirements. Revenues would not be affected.

Small Business Effect: None.

Analysis

Current Law: Carriers must provide coverage for in vitro fertilization for an enrollee if: (1) the patient's oocytes are fertilized with the patient's spouse's sperm; and (2) the patient and the patient's spouse have a history of infertility of at least five years, or the female patient's infertility is caused by endometriosis, exposure to DES, or blockage or removal of fallopian tubes.

In addition, the Comprehensive Standard Health Benefit Plan (CSHBP) is not required to include any mandated benefits in its benefit package offered to small businesses.

Background: The Maryland Health Care Commission's (MHCC) annual report, *Mandated Health Insurance Services Evaluation* (December 1999), addressed the issue of in vitro fertilization (IVF) costs. The report indicates that the average cost for IVF treatment is between \$8,000 and \$12,000 per cycle, including the cost of prescription drugs. Approximately 8% of the reproductive age population is considered to be infertile, but only half of those with infertility problems seek treatment. MHCC's report indicates that only a small fraction of those who seek treatment actually receive treatment by assisted reproductive technologies such as IVF.

Male-related factors account for up to 40% of infertility. Female-related factors also account for 40% of infertility. The remaining 20% is due to a combination of male and female factors. Oligospermia (low sperm count) is not the same as infertility, but it can cause failure to conceive. Many men who suffer from oligospermia can be helped by in vitro fertilization, but extreme cases, such as those with less than 100,000 spermatozoa per milliliter of semen, are unlikely to find success through conventional test-tube techniques.

State Fiscal Effect: The bill's requirements would not materially affect the State Employee Health Benefits Plan, which currently provides benefits for three attempts per enrollee for IVF or artificial insemination. The coverage is provided for male and female infertility. The bill's requirements do not apply to Medicaid.

Additional Information

Prior Introductions: None.

Cross File: None.

Information Source(s): Department of Budget and Management (Employee Benefits Division), Department of Health and Mental Hygiene (Medicaid, Maryland Health Care

Commission), CareFirst of Maryland, Department of Legislative Services

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Analysis by: Susan D. John

Direct Inquiries to:
John Rixey, Coordinating Analyst
(410) 946-5510
(301) 970-5510