
By: **Delegates Kagan, Gordon, Clagett, Rosso, Glassman, La Vay, Goldwater,
Moe, Donoghue, Hubbard, R. Baker, Harrison, McHale, Brown, Love,
Rzepkowski, Pitkin, and Cryor**

Introduced and read first time: February 6, 2002

Assigned to: Economic Matters

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - In Vitro Fertilization - Conditions for Provision of**
3 **Benefits**

4 FOR the purpose of providing an exception to the condition that the patient's oocytes
5 be fertilized with the patient's spouse's sperm to be eligible for certain benefits
6 for in vitro fertilization; and generally relating to health insurance benefits for
7 in vitro fertilization.

8 BY repealing and reenacting, with amendments,

9 Article - Insurance

10 Section 15-810

11 Annotated Code of Maryland

12 (1997 Volume and 2001 Supplement)

13 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF

14 MARYLAND, That the Laws of Maryland read as follows:

15 **Article - Insurance**

16 15-810.

17 (a) This section applies to:

18 (1) insurers and nonprofit health service plans that provide hospital,
19 medical, or surgical benefits to individuals or groups on an expense-incurred basis
20 under health insurance policies that are issued or delivered in the State; and

21 (2) health maintenance organizations that provide hospital, medical, or
22 surgical benefits to individuals or groups under contracts that are issued or delivered
23 in the State.

24 (b) (1) An entity subject to this section that provides pregnancy-related
25 benefits may not exclude benefits for all outpatient expenses arising from in vitro

1 fertilization procedures performed on the policyholder or subscriber or dependent
2 spouse of the policyholder or subscriber.

3 (2) The benefits under this subsection shall be provided:

4 (i) for insurers and nonprofit health service plans, to the same
5 extent as the benefits provided for other pregnancy-related procedures; and

6 (ii) for health maintenance organizations, to the same extent as the
7 benefits provided for other infertility services.

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

9 (1) the patient is the policyholder or subscriber or a covered dependent of
10 the policyholder or subscriber;

11 (2) EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, the
12 patient's oocytes are fertilized with the patient's spouse's sperm;

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

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

17 1. endometriosis;

18 2. exposure in utero to diethylstilbestrol, commonly known
19 as DES;

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

22 4. abnormal male factors, including oligospermia,
23 contributing to the infertility;

24 (4) the patient has been unable to attain a successful pregnancy through
25 a less costly infertility treatment for which coverage is available under the policy or
26 contract; and

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

31 (D) FERTILIZATION OF THE PATIENT'S OOCYTES WITH THE PATIENT'S
32 SPOUSE'S SPERM IS NOT REQUIRED UNDER SUBSECTION (C)(2) OF THIS SECTION IF IT
33 IS IMPRACTICABLE BECAUSE OF THE PATIENT'S SPOUSE'S INFERTILITY.

1 [(d)] (E) An entity subject to this section may limit coverage of the benefits
2 required under this section to three in vitro fertilization attempts per live birth, not to
3 exceed a maximum lifetime benefit of \$100,000.

4 [(e)] (F) Notwithstanding any other provision of this section, if the coverage
5 required under this section conflicts with the bona fide religious beliefs and practices
6 of a religious organization, on request of the religious organization, an entity subject
7 to this section shall exclude the coverage otherwise required under this section in a
8 policy or contract with the religious organization.

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
10 October 1, 2002.