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By: Delegates Kagan, Gordon, Clagett, Rosso, Glassman, La Vay, Goldwater, Moe, Donoghue, Hubbard, R. Baker, Harrison, McHale, Brown, Love, Rzepkowski, Pitkin, and Cryor Cryor, and Barve Introduced and read first time: February 6, 2002 Assigned to: Economic Matters						
Committee Report: Favorable with amendments House action: Adopted Read second time: March 21, 2002						
CHAPTER						
1 AN ACT concerning						
Health Insurance - In Vitro Fertilization - Conditions for Provision of Benefits						
FOR the purpose of providing an exception to the condition that the patient's oocytes be fertilized with the patient's spouse's sperm to be eligible for certain benefits for in vitro fertilization; fertilization, unless the infertility is due to certain causes; providing for the application of this Act; and generally relating to health insurance benefits for in vitro fertilization.						
9 BY repealing and reenacting, with amendments, 10 Article - Insurance 11 Section 15-810 12 Annotated Code of Maryland 13 (1997 Volume and 2001 Supplement)						
SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:						
16 Article - Insurance						
17 15-810.						
18 (a) This section applies to:						

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	(1) insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis under health insurance policies that are issued or delivered in the State; and					
	(2) health maintenance organizations that provide hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State.					
9	(b) (1) An entity subject to this section that provides pregnancy-related benefits may not exclude benefits for all outpatient expenses arising from in vitro fertilization procedures performed on the policyholder or subscriber or dependent spouse of the policyholder or subscriber.					
11		(2)	The bene	efits unde	er this subsection shall be provided:	
12 13	extent as the	benefits			rers and nonprofit health service plans, to the same pregnancy-related procedures; and	
14 15	(ii) for health maintenance organizations, to the same extent as the benefits provided for other infertility services.					
16	(c) Subsection (b) of this section applies if:					
17 18	(1) the patient is the policyholder or subscriber or a covered dependent of the policyholder or subscriber;					
19 20	(2) EXCEPT AS PROVIDED IN SUBSECTION (D) OF THIS SECTION, the patient's oocytes are fertilized with the patient's spouse's sperm;					
21 22	(3) (i) the patient and the patient's spouse have a history of infertility 2 of at least 2 years' duration; or					
23 24	conditions:		(ii)	the infer	tility is associated with any of the following medical	
25				1.	endometriosis;	
26 27	as DES;			2.	exposure in utero to diethylstilbestrol, commonly known	
28 29	tubes (lateral	or bilate	eral salpir	3. ngectomy	blockage of, or surgical removal of, one or both fallopian y); or	
30 31	contributing	to the in	fertility;	4.	abnormal male factors, including oligospermia,	
	2 (4) the patient has been unable to attain a successful pregnancy through 8 a less costly infertility treatment for which coverage is available under the policy or 4 contract; and					

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- 1 (5) the in vitro fertilization procedures are performed at medical
- 2 facilities that conform to the American College of Obstetricians and Gynecologists
- 3 guidelines for in vitro fertilization clinics or to the American Fertility Society minimal
- 4 standards for programs of in vitro fertilization.
- 5 (D) (1) FERTILIZATION OF THE PATIENT'S OOCYTES WITH THE PATIENT'S
- 6 SPOUSE'S SPERM IS NOT REQUIRED UNDER SUBSECTION (C)(2) OF THIS SECTION IF IT
- 7 IS IMPRACTICABLE BECAUSE OF THE PATIENT'S SPOUSE'S INFERTILITY.
- 8 (2) THE EXCEPTION UNDER PARAGRAPH (I) OF THIS SUBSECTION DOES
- 9 NOT APPLY IF THE CAUSE OF THE PATIENT'S SPOUSE'S INFERTILITY IS ELECTIVE
- 10 STERILIZATION OR THE UNSUCCESSFUL REVERSAL OF ELECTIVE STERILIZATION.
- 11 [(d)] (E) An entity subject to this section may limit coverage of the benefits
- 12 required under this section to three in vitro fertilization attempts per live birth, not to
- 13 exceed a maximum lifetime benefit of \$100,000.
- 14 [(e)] (F) Notwithstanding any other provision of this section, if the coverage
- 15 required under this section conflicts with the bona fide religious beliefs and practices
- 16 of a religious organization, on request of the religious organization, an entity subject
- 17 to this section shall exclude the coverage otherwise required under this section in a
- 18 policy or contract with the religious organization.
- 19 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to
- 20 all policies, contracts, and health benefit plans issued, delivered, or renewed in the
- 21 State on or after October 1, 2002.
- 22 SECTION 2. 3. AND BE IT FURTHER ENACTED, That this Act shall take
- 23 effect October 1, 2002.