
By: **Delegate Rosenberg**

Introduced and read first time: February 28, 2005

Assigned to: Rules and Executive Nominations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Mandated Benefits - In Vitro Fertilization - Coverage**

3 FOR the purpose of altering the circumstances under which certain health insurance
4 carriers are prohibited from excluding certain benefits for in vitro fertilization
5 from certain policies or contracts issued or delivered in the State by the health
6 insurance carriers; prohibiting certain health insurance carriers from refusing
7 to issue a policy or contract that provides certain benefits for in vitro
8 fertilization based solely on the fact that the applicant was tested for infertility
9 or a test performed on the applicant resulted in a certain diagnosis; providing
10 for the application of this Act; and generally relating to coverage of benefits for
11 in vitro fertilization under health insurance policies and contracts.

12 BY repealing and reenacting, with amendments,
13 Article - Insurance
14 Section 15-810
15 Annotated Code of Maryland
16 (2002 Replacement Volume and 2004 Supplement)

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

19 **Article - Insurance**

20 15-810.

21 (a) This section applies to:

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

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

1 (b) (1) An entity subject to this section that provides pregnancy-related
2 benefits may not exclude benefits for all outpatient expenses arising from in vitro
3 fertilization procedures performed on the policyholder or subscriber or [dependent]
4 THE spouse of the policyholder or subscriber.

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

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

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

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

11 (1) the patient is the policyholder or subscriber or [a covered dependent]
12 THE SPOUSE of the policyholder or subscriber;

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

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

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

18 1. endometriosis;

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

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

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

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

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

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

1 (E) AN ENTITY SUBJECT TO THIS SECTION MAY NOT REFUSE TO ISSUE A
2 POLICY OR CONTRACT THAT PROVIDES THE BENEFITS REQUIRED UNDER THIS
3 SECTION BASED SOLELY ON THE FACT THAT:

4 (1) THE APPLICANT WAS TESTED FOR INFERTILITY; OR

5 (2) A TEST PERFORMED ON THE APPLICANT RESULTED IN A DIAGNOSIS
6 OF UNEXPLAINED INFERTILITY OR A SIMILAR DIAGNOSIS.

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

12 SECTION 2. AND BE IT FURTHER ENACTED, That this Act applies to all
13 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
14 on or after June 1, 2005.

15 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
16 June 1, 2005.