

HOUSE BILL 701

C3

8lr2002

By: **Delegates Kaiser, Bates, Bromwell, Carr, Frick, Hucker, Ivey, Love, Minnick, Mizeur, Montgomery, Reznik, Robinson, and Taylor**
Introduced and read first time: February 1, 2008
Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Coverage for In Vitro Fertilization – Miscarriage**

3 FOR the purpose of providing that, for purposes of meeting a certain eligibility
4 requirement, the duration of the history of infertility of the patient and the
5 patient's spouse shall be calculated without regard to any pregnancy of the
6 patient that terminates as the result of a miscarriage; and generally relating to
7 health insurance coverage for in vitro fertilization.

8 BY repealing and reenacting, with amendments,
9 Article – Insurance
10 Section 15–810
11 Annotated Code of Maryland
12 (2006 Replacement Volume and 2007 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,
22 or surgical benefits to individuals or groups under contracts that are issued or
23 delivered in the State.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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 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
9 the 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 of the policyholder or subscriber;

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

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

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

19 1. endometriosis;

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

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

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

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

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

1 **(D) FOR PURPOSES OF SUBSECTION (C)(3)(I) OF THIS SECTION, THE**
2 **DURATION OF THE HISTORY OF INFERTILITY OF THE PATIENT AND THE**
3 **PATIENT'S SPOUSE SHALL BE CALCULATED WITHOUT REGARD TO ANY**
4 **PREGNANCY OF THE PATIENT THAT TERMINATES AS THE RESULT OF A**
5 **MISCARRIAGE.**

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

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

14 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
15 October 1, 2008.