

HOUSE BILL 1089

C3

9lr2587

By: **Delegates Waldstreicher, Mizeur, and Rosenberg**

Introduced and read first time: February 13, 2009

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Coverage of In Vitro Fertilization Services**

3 FOR the purpose of altering the circumstances under which certain insurers, nonprofit
4 health service plans, and health maintenance organizations must provide
5 coverage for certain benefits for outpatient services arising from certain in vitro
6 fertilization procedures; and generally relating to coverage of in vitro
7 fertilization services by health insurers.

8 BY repealing and reenacting, with amendments,
9 Article – Insurance
10 Section 15–810
11 Annotated Code of Maryland
12 (2006 Replacement Volume and 2008 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.



(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.

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

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

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

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

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

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

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

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

1. endometriosis;

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

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

4. abnormal male factors, including oligospermia, contributing to the infertility; **OR**

(III) A PHYSICIAN SPECIALIZING IN INFERTILITY DETERMINES THAT:

1. THE PATIENT AND THE PATIENT'S SPOUSE HAVE A HISTORY OF INFERTILITY; AND

2. WAITING FOR 2 YEARS BEFORE AN IN VITRO FERTILIZATION ATTEMPT WOULD BE DETRIMENTAL TO THE PATIENT OR THE PROSPECTIVE CHILD;

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

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

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

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

16 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
17 October 1, 2009.