SECOND PRINTING

SENATE BILL 27

C3

(PRE-FILED)

0lr0675

By: Senator Conway Requested: October 1, 2009 Introduced and read first time: January 13, 2010 Assigned to: Finance Committee Report: Favorable Senate action: Adopted Read second time: February 11, 2010 Returned to second reading: February 19, 2010 Senate action: Adopted with floor amendments Read second time: February 19, 2010

CHAPTER _____

1 AN ACT concerning

2 Health Insurance – Benefits for In Vitro Fertilization – Donor Sperm

- FOR the purpose of prohibiting certain insurers, nonprofit health service plans, and
 health maintenance organizations from excluding benefits for certain expenses
 arising from in vitro fertilization procedures when the patient's oocytes are
 fertilized with donor sperm under certain circumstances; providing for the
 application of this Act; and generally relating to benefits for in vitro fertilization
 services by health insurers.
- 9 BY repealing and reenacting, with amendments,
- 10 Article Insurance
- 11 Section 15–810
- 12 Annotated Code of Maryland
- 13 (2006 Replacement Volume and 2009 Supplement)

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

16

Article – Insurance

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law. <u>Underlining</u> indicates amendments to bill. <u>Strike out</u> indicates matter stricken from the bill by amendment or deleted from the law by

amendment.



^{17 15-810.}

 $\mathbf{2}$

SENATE BILL 27

1	(a)	This	section	applies to:	
$2 \\ 3 \\ 4$		(1) insurers and nonprofit health service plans that provide hospital, or surgical benefits to individuals or groups on an expense-incurred basis alth insurance policies that are issued or delivered in the State; and			
5 6 7	or surgical delivered in	(2) health maintenance organizations that provide hospital, medical, benefits to individuals or groups under contracts that are issued or the State.			
8 9 10 11	fertilization	(b) (1) An entity subject to this section that provides pregnancy-related efits may not exclude benefits for all outpatient expenses arising from in vitro ilization procedures performed on the policyholder or subscriber or dependent use of the policyholder or subscriber.			
12		(2)	The b	enefits under this subsection shall be provided:	
13 14	extent as th	e bene	(i) fits pro	for insurers and nonprofit health service plans, to the same ovided for other pregnancy-related procedures; and	
$\begin{array}{c} 15\\ 16 \end{array}$	(ii) for health maintenance organizations, to the same extent as the benefits provided for other infertility services.				
17	(c)	Subs	ection	(b) of this section applies if:	
18 19	of the policy	(1) holder	-	atient is the policyholder or subscriber or a covered dependent oscriber;	
20		(2)	the p	atient's oocytes are fertilized with:	
21			(I)	the patient's spouse's sperm; OR	
22			(II)	DONOR SPERM IF:	
$\begin{array}{c} 23\\ 24 \end{array}$					
$\frac{25}{26}$	HYPERSTIN	/IULAT	'ION S'	2. THE PATIENT HAS <u>A HISTORY OF</u> OVARIAN YNDROME;	
$\begin{array}{c} 27\\ 28 \end{array}$	infertility of	(3) f at lea	(i) st 2 ye	the patient and the patient's spouse have a history of ars' duration; or	
29 30	conditions:		(ii)	the infertility is associated with any of the following medical	
31				1. endometriosis;	

SENATE BILL 27

2.1 exposure in utero to diethylstilbestrol, commonly $\mathbf{2}$ known as DES: 3 blockage of, or surgical removal of, one or both 3. fallopian tubes (lateral or bilateral salpingectomy); or 4 $\mathbf{5}$ 4. abnormal male factors, including oligospermia, 6 contributing to the infertility; 7(4) the patient has been unable to attain a successful pregnancy 8 through a less costly infertility treatment for which coverage is available under the 9 policy or contract; and 10 the in vitro fertilization procedures are performed at medical (5)facilities that conform to the American College of Obstetricians and Gynecologists 11 12guidelines for in vitro fertilization clinics or to the American Fertility Society minimal 13standards for programs of in vitro fertilization. An entity subject to this section may limit coverage of the benefits 14 (d)required under this section to three in vitro fertilization attempts per live birth, not to 1516 exceed a maximum lifetime benefit of \$100,000. 17(e) Notwithstanding any other provision of this section, if the coverage required under this section conflicts with the bona fide religious beliefs and practices 18 19of a religious organization, on request of the religious organization, an entity subject to 20this section shall exclude the coverage otherwise required under this section in a 21policy or contract with the religious organization. 22SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all 23policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2010. 24

25 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
 26 October 1, 2010.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.