

HOUSE BILL 838

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CF SB 416

By: **Delegates Hill, Atterbeary, Barkley, Barron, Carter, Davis, Dumais, Ebersole, Fennell, Fraser-Hidalgo, Gaines, Lam, Lisanti, Luedtke, Morales, Oaks, and B. Robinson**

Introduced and read first time: February 13, 2015
Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Mandated Benefits – In Vitro Fertilization and Artificial**
3 **Insemination Procedures**

4 FOR the purpose of prohibiting certain insurers, nonprofit health service plans, and health
5 maintenance organizations from excluding benefits for certain expenses arising from
6 artificial insemination procedures performed on certain individuals; requiring a
7 policyholder or subscriber, whose expenses for certain in vitro fertilization or
8 artificial insemination procedures are covered under certain benefits, to be married;
9 applying a certain condition of providing benefits for certain expenses arising from
10 in vitro fertilization or artificial insemination procedures only to a patient whose
11 spouse is capable of producing sperm; requiring certain benefits to be provided when
12 the patient and the patient's spouse are of the same sex; altering the guidelines and
13 standards to which medical facilities performing certain covered procedures must
14 conform; making certain technical corrections; providing for the application of this
15 Act; and generally relating to mandated health insurance benefits for in vitro
16 fertilization and artificial insemination procedures.

17 BY repealing and reenacting, with amendments,
18 Article – Insurance
19 Section 15–810
20 Annotated Code of Maryland
21 (2011 Replacement Volume and 2014 Supplement)

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

24 **Article – Insurance**

25 15–810.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.



1 (a) This section applies to:

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

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

8 (b) (1) An entity subject to this section that provides pregnancy-related
9 benefits may not exclude benefits for all outpatient expenses arising from in vitro
10 fertilization **OR ARTIFICIAL INSEMINATION** procedures performed on [the] **A MARRIED**
11 policyholder or subscriber or **ON THE** dependent spouse of [the] **A** policyholder or
12 subscriber.

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

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

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

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

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

21 (2) **FOR A PATIENT WHOSE SPOUSE IS CAPABLE OF PRODUCING**
22 **SPERM**, the patient's oocytes are fertilized with the patient's spouse's sperm;

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

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

27 1. endometriosis;

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

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

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

3 **(III) THE PATIENT AND THE PATIENT’S SPOUSE ARE OF THE**
4 **SAME SEX;**

5 (4) **FOR IN VITRO FERTILIZATION BENEFITS**, the patient has been
6 unable to attain a successful pregnancy through a less costly infertility treatment for which
7 coverage is available under the policy or contract; and

8 (5) the [in vitro fertilization] **COVERED** procedures are performed at
9 medical facilities that conform to **APPLICABLE GUIDELINES OR MINIMUM STANDARDS**
10 **ISSUED BY** the American College of Obstetricians and Gynecologists [guidelines for in vitro
11 fertilization clinics or to the American Fertility Society minimal standards for programs of
12 in vitro fertilization] **OR THE AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE.**

13 (d) An entity subject to this section may limit coverage of the benefits **FOR IN**
14 **VITRO FERTILIZATION** required under this section to three in vitro fertilization attempts
15 per live birth, not to exceed a maximum lifetime benefit of \$100,000.

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

21 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
22 policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or
23 after October 1, 2015.

24 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
25 October 1, 2015.