

HOUSE BILL No. 1331

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-8-27; IC 27-13-7-15.

Synopsis: Insurance coverage for infertility treatment. Requires a group health insurance policy or health maintenance organization (HMO) contract that provides pregnancy related benefits to include coverage for the diagnosis of infertility and coverage for specified infertility treatment procedures in certain circumstances. Exempts policies issued to religious organizations if the fertility treatment procedures offend religious beliefs. Prohibits coverage for procedures that involve the disposal of fertilized eggs.

Effective: July 1, 1999.

Fry

January 12, 1999, read first time and referred to Committee on Insurance, Corporations and Small Business.

C
O
P
Y



Introduced

First Regular Session 111th General Assembly (1999)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 1998 General Assembly.

HOUSE BILL No. 1331

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 27-8-27 IS ADDED TO THE INDIANA CODE AS
2 A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 1999]:
4 **Chapter 27. Group Policy Coverage for Infertility Treatment**
5 **Sec. 1. (a) As used in this chapter, "policy of accident and**
6 **sickness insurance" means a policy or contract that:**
7 (1) provides at least one (1) of the kinds of insurance
8 described in Class 1(b) or 2(a) of IC 27-1-5-1; and
9 (2) is written on a group basis.
10 (b) The term does not include the following:
11 (1) Accident only, credit, dental, vision, Medicare supplement,
12 long term care, or disability income insurance.
13 (2) Coverage issued as a supplement to liability insurance.
14 (3) Automobile medical payment insurance.
15 (4) A specified disease policy.
16 (5) A limited benefit health insurance policy.
17 (6) A short term insurance plan that:



C
O
P
Y

1 (A) may not be renewed; and

2 (B) has a duration of not more than six (6) months.

3 (7) A policy that provides a stipulated daily, weekly, or
4 monthly payment to an insured during hospital confinement,
5 without regard to the actual expense of the confinement.

6 (8) Worker's compensation or similar insurance.

7 (9) A student health insurance policy.

8 Sec. 2. (a) Except as provided in subsection (b), a policy of
9 accident and sickness insurance that provides pregnancy related
10 benefits may not be issued, delivered, amended, or renewed in
11 Indiana unless it provides coverage for the diagnosis and treatment
12 of infertility.

13 (b) This chapter does not require coverage for the diagnosis and
14 treatment of infertility in a policy of accident and sickness
15 insurance that is issued to:

16 (1) a religious institution or organization; or

17 (2) an entity sponsored by a religious institution or
18 organization;

19 that finds the procedures in section 3 of this chapter incompatible
20 with its religious and moral teachings and beliefs.

21 Sec. 3. Subject to sections 4 and 5 of this chapter, the coverage
22 for the diagnosis and treatment of infertility that must be provided
23 by a policy of accident and sickness insurance under this chapter
24 includes the following procedures:

25 (1) In vitro fertilization.

26 (2) Assisted hatching.

27 (3) Embryo transfer.

28 (4) Artificial insemination.

29 (5) Gamete intrafallopian tube transfer.

30 (6) Zygote intrafallopian tube transfer.

31 (7) Intracytoplasmic sperm injection.

32 (8) Transvaginal assisted ovulation.

33 (9) Cryopreservation.

34 Sec. 4. (a) Subject to section 5 of this chapter, an insurer is
35 required under this chapter to cover procedures for in vitro
36 fertilization, gamete intrafallopian tube transfer, or zygote
37 intrafallopian tube transfer for an insured individual only if:

38 (1) the individual has not been able to attain or sustain a
39 successful pregnancy through reasonable, less costly,
40 medically appropriate infertility treatments for which
41 coverage is available under the policy;

42 (2) the individual has undergone not more than three (3)

C
O
P
Y



1 oocyte retrievals, except as provided in subsection (b);

2 (3) the procedures for in vitro fertilization, gamete
3 intrafallopian tube transfer, or zygote intrafallopian tube
4 transfer are performed at medical facilities that conform to
5 the guidelines of the American College of Obstetricians and
6 Gynecologists for in vitro fertilization clinics; and

7 (4) the procedure is performed by a physician whose practice
8 involves the diagnosis or treatment of infertility for at least
9 fifty percent (50%) of the physician's patients.

10 (b) Subsection (a)(2) does not relieve an insurer of the obligation
11 to cover an individual who has undergone at least four (4) oocyte
12 retrievals if the individual, since giving birth to a living child, has
13 had less than two (2) oocyte retrievals.

14 **Sec. 5. An insurer may not cover a procedure under section 3 of
15 this chapter if the procedure involves the disposal of fertilized eggs.**

16 SECTION 2. IC 27-13-7-15 IS ADDED TO THE INDIANA CODE
17 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
18 1, 1999]: **Sec. 15. (a) Except as provided in subsection (b), a group
19 contract that provides pregnancy related benefits may not be
20 entered into, delivered, amended, or renewed in Indiana unless it
21 provides coverage for the diagnosis and treatment of infertility.**

22 (b) This chapter does not require coverage for the diagnosis and
23 treatment of infertility in a group contract that is entered into
24 with:

- 25 (1) a religious institution or organization; or
26 (2) an entity sponsored by a religious institution or
27 organization;

28 that finds the procedures in subsection (c) incompatible with its
29 religious and moral teachings and beliefs.

30 (c) Subject to subsections (d) and (f), the coverage for the
31 diagnosis and treatment of infertility that must be provided by a
32 group contract under this section includes the following procedures
33 as in-plan covered services or out-of-plan covered services:

- 34 (1) In vitro fertilization.
35 (2) Assisted hatching.
36 (3) Embryo transfer.
37 (4) Artificial insemination.
38 (5) Gamete intrafallopian tube transfer.
39 (6) Zygote intrafallopian tube transfer.
40 (7) Intracytoplasmic sperm injection.
41 (8) Transvaginal assisted ovulation.
42 (9) Cryopreservation.



C
O
P
Y

1 (d) Subject to subsection (f), a health maintenance organization
2 is required under this section to cover procedures for in vitro
3 fertilization, gamete intrafallopian tube transfer, or zygote
4 intrafallopian tube transfer for an enrollee only if:

5 (1) the enrollee has not been able to attain or sustain a
6 successful pregnancy through reasonable, less costly,
7 medically appropriate infertility treatments that are in-plan
8 covered services available under the group contract;

9 (2) the enrollee has undergone not more than three (3) oocyte
10 retrievals, except as provided in subsection (e);

11 (3) the procedures for in vitro fertilization, gamete
12 intrafallopian tube transfer, or zygote intrafallopian tube
13 transfer are performed at medical facilities that conform to
14 the guidelines of the American College of Obstetricians and
15 Gynecologists for in vitro fertilization clinics; and

16 (4) the procedure is performed by a physician whose practice
17 involves the diagnosis or treatment of infertility for at least
18 fifty percent (50%) of the physician's patients.

19 (e) Subsection (d)(2) does not relieve a health maintenance
20 organization of the obligation to cover an individual who has
21 undergone at least four (4) oocyte retrievals if the individual, since
22 giving birth to a living child, has had less than two (2) oocyte
23 retrievals.

24 (f) A health maintenance organization may not cover a
25 procedure under subsection (c) if the procedure involves the
26 disposal of fertilized eggs.

C
O
P
Y

