

# COMMITTEE REPORT

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## MR. PRESIDENT:

The Senate Committee on Health and Provider Services, to which was referred House Bill No. 1331, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

- 1           Page 1, between the enacting clause and line 1, begin a new  
2 paragraph and insert:  
3           "SECTION 1. IC 5-10-8-7.3 IS ADDED TO THE INDIANA CODE  
4 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY  
5 1, 1999]: **Sec. 7.3. (a) The state shall consider covering the diagnosis  
6 and treatment of infertility under a:**  
7           **(1) self-insurance program established or maintained under**  
8           **section 7(b) of this chapter to provide group health coverage**  
9           **that includes pregnancy related benefits; and**  
10           **(2) contract entered into or renewed under section 7(c) of this**  
11           **chapter to provide health services through a prepaid health**  
12           **care delivery plan that provides pregnancy related benefits.**  
13           **(b) Subject to subsections (c) and (d), the coverage that must be**  
14           **considered under this section includes the following procedures:**  
15           **(1) In vitro fertilization.**  
16           **(2) Assisted hatching.**  
17           **(3) Embryo transfer.**  
18           **(4) Artificial insemination.**

- 1           **(5) Gamete intrafallopian tube transfer.**  
 2           **(6) Zygote intrafallopian tube transfer.**  
 3           **(7) Intracytoplasmic sperm injection.**  
 4           **(8) Transvaginal assisted ovulation.**  
 5           **(9) Cryopreservation.**

6           **(c) Subject to subsection (e), the state is required to consider**  
 7 **coverage for in vitro fertilization, gamete intrafallopian tube**  
 8 **transfer, or zygote intrafallopian tube transfer for an individual**  
 9 **covered under a self-insurance program or contract specified in**  
 10 **subsection (a) only if:**

- 11           **(1) the individual has not been able to attain or sustain a**  
 12 **successful pregnancy through reasonable, less costly,**  
 13 **medically appropriate infertility treatments for which**  
 14 **coverage is available under the self-insurance program or**  
 15 **contract;**  
 16           **(2) the individual has undergone not more than three (3)**  
 17 **oocyte retrievals, except as provided in subsection (d);**  
 18           **(3) the procedures for in vitro fertilization, gamete**  
 19 **intrafallopian tube transfer, or zygote intrafallopian tube**  
 20 **transfer are performed at medical facilities that conform to**  
 21 **the guidelines of the American College of Obstetricians and**  
 22 **Gynecologists for in vitro fertilization clinics; and**  
 23           **(4) the procedure is performed by a physician whose practice**  
 24 **involves the diagnosis or treatment of infertility for at least**  
 25 **fifty percent (50%) of the physician's patients.**

26           **(d) Subsection (c)(2) does not relieve the state of considering**  
 27 **coverage for an individual who has undergone at least four (4)**  
 28 **oocyte retrievals if the individual, since giving birth to a living**  
 29 **child, has had less than two (2) oocyte retrievals.**

30           **(e) The state may not cover a procedure under subsection (b) if**  
 31 **the procedure involves the disposal of fertilized eggs.**

32           **(f) This section does not require the state to consider coverage**  
 33 **for services related to the sale or donation of human eggs.**

34           **(g) The maximum coverage that must be considered under this**  
 35 **section is fifteen thousand dollars (\$15,000) per year."**

36           Page 1, line 1, delete "IC 27-8-27" and insert "IC 27-8-27.2".

37           Page 1, line 4, delete "27" and insert "27.2".

38           Page 2, between lines 7 and 8, begin a new line block indented and

1 insert:

2 **"(10) A policy or contract with a federal governmental entity**  
3 **for the insuring or administration of Medicare+Choice plans**  
4 **or for plans that cover military or civilian federal employees**  
5 **and the employees' dependents .".**

6 Page 3, between lines 12 and 13, begin a new paragraph and insert:

7 **"Sec. 6. This chapter does not require an insurer to offer**  
8 **coverage for services related to the sale or donation of human eggs.**

9 **Sec. 7. The maximum coverage that must be offered under this**  
10 **chapter is fifteen thousand dollars (\$15,000) per year."**

11 Page 3, line 13, delete "IC 27-13-7-15" and insert "IC  
12 27-13-7-15.2".

13 Page 3, line 15, delete "15" and insert "**15.2**".

14 Page 4, after line 21, begin a new paragraph and insert:

15 **"(g) This section does not require a health maintenance**  
16 **organization to offer coverage for services related to the sale or**  
17 **donation of human eggs.**

18 **(h) The maximum coverage that must be offered under this**  
19 **section is fifteen thousand dollars (\$15,000) per year."**

(Reference is to HB 1331 as reprinted February 11, 1999.)

**and when so amended that said bill do pass.**

Committee Vote: Yeas 9, Nays 1.

**Senator Miller, Chairperson**