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
_	T TT 4	1101	COLLCCLILLING

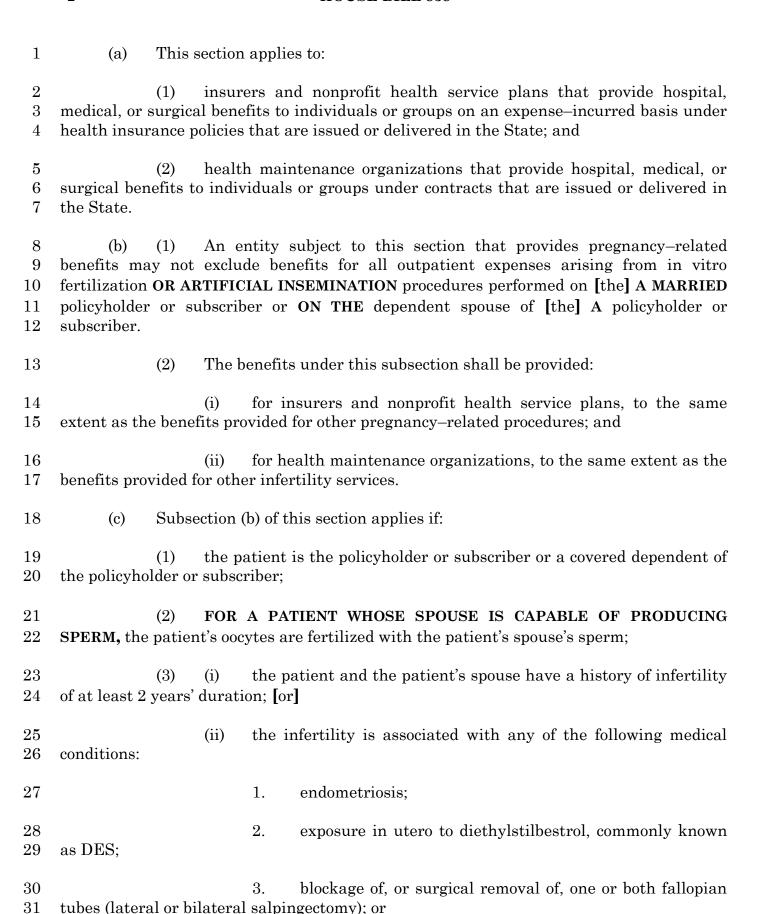
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Health Insurance – Mandated Benefits – In Vitro Fertilization and Artificial Insemination Procedures

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 standards to which medical facilities performing certain covered procedures must 13 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.



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 unable to attain a successful pregnancy through a less costly infertility treatment for which 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.
- SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2015.
- SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2015.