#### FIRST REGULAR SESSION

# **HOUSE BILL NO. 855**

### **100TH GENERAL ASSEMBLY**

#### INTRODUCED BY REPRESENTATIVE WALKER.

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DANA RADEMAN MILLER, Chief Clerk

## **AN ACT**

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for fertility treatments.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1211, to read as follows:

376.1211. 1. As used in this section, the following terms shall mean:

- 2 (1) "Health benefit plan", the same meaning as defined in section 376.1350;
  - (2) "Infertility", the inability to conceive after one year of unprotected sexual intercourse or the inability to sustain a successful pregnancy.
  - 2. No health benefit plan providing coverage for more than twenty-five employees that provides pregnancy related benefits shall be issued, amended, delivered, or renewed in this state after August 28, 2019, unless the plan contains coverage for the diagnosis and treatment of infertility including, but not limited to, in vitro fertilization, uterine embryo lavage, embryo transfer, artificial insemination, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer, and low tubal ovum transfer.
  - 3. The coverage required under subsection 2 of this section for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer shall be required only if:
- 14 (1) The covered individual has been unable to attain or sustain a successful 15 pregnancy through reasonable, less costly medically-appropriate infertility treatments for 16 which coverage is available under the health benefit plan;

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17 (2) The covered individual has not undergone four completed oocyte retrievals; 18 except that, if a live birth follows a completed oocyte retrieval, then two more completed 19 oocyte retrievals shall be covered; and

- (3) The procedures are performed at medical facilities that conform to the American College of Obstetric and Gynecology guidelines for in vitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization.
- 4. The procedures required to be covered under this section are not required to be contained in any health benefit plan issued to or by a religious institution or organization, or to or by an entity sponsored by a religious institution or organization, that finds the procedures required to be covered under this section to violate its religious and moral teachings and beliefs.

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