

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 767 Session of 2013

INTRODUCED BY BOSCOLA, TARTAGLIONE, FONTANA, TEPLITZ, BREWSTER, WASHINGTON, FARNESE AND RAFFERTY, MARCH 26, 2013

REFERRED TO BANKING AND INSURANCE, MARCH 26, 2013

AN ACT

1 Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An  
 2 act relating to insurance; amending, revising, and  
 3 consolidating the law providing for the incorporation of  
 4 insurance companies, and the regulation, supervision, and  
 5 protection of home and foreign insurance companies, Lloyds  
 6 associations, reciprocal and inter-insurance exchanges, and  
 7 fire insurance rating bureaus, and the regulation and  
 8 supervision of insurance carried by such companies,  
 9 associations, and exchanges, including insurance carried by  
 10 the State Workmen's Insurance Fund; providing penalties; and  
 11 repealing existing laws," in health and accident insurance,  
 12 providing for insurance coverage for infertility treatment  
 13 services.

14 The General Assembly of the Commonwealth of Pennsylvania  
 15 hereby enacts as follows:

16 Section 1. The act of May 17, 1921 (P.L.682, No.284), known  
 17 as The Insurance Company Law of 1921, is amended by adding a  
 18 section to read:

19 Section 633.1. Coverage for Infertility Treatment.--(a)  
 20 Every health insurance policy that provides pregnancy-related  
 21 benefits and is delivered, issued, executed or renewed in this  
 22 Commonwealth on or after the effective date of this section  
 23 shall provide coverage for the expenses of diagnosis and

1 treatment of infertility, including, but not limited to, in  
2 vitro fertilization, embryo transfer, artificial insemination,  
3 gamete intrafallopian tube transfer, zygote intrafallopian tube  
4 transfer and low tubal ovum transfer.

5 (b) The coverage required under subsection (a) of this  
6 section may impose the following restrictions:

7 (1) Exclude reversal of elective sterilization or use of  
8 assisted reproductive techniques when infertility is the result  
9 of elective sterilization.

10 (2) Impose restrictions or waiting periods before assisted  
11 reproductive techniques may be employed. The restrictions or  
12 waiting periods imposed must be within the recommended treatment  
13 guidelines issued by the American Society for Reproductive  
14 Medicine or the American College of Obstetricians and  
15 Gynecologists.

16 (3) Exclude coverage for women beyond childbearing years.

17 (4) Restrict coverage for assisted reproductive techniques  
18 to the policyholder and dependent spouse. All treatments to  
19 remedy conditions that could impair fertility must be covered  
20 for policyholder and all dependents, including minor children.

21 (5) Require in vitro fertilization, gamete intrafallopian  
22 tube transfer or zygote intrafallopian tube transfer be  
23 performed at medical facilities that conform to the American  
24 College of Obstetricians and Gynecologists guidelines for in  
25 vitro fertilization clinics or to the American Society for  
26 Reproductive Medicine minimal standards for programs of in vitro  
27 fertilization.

28 (6) Impose a limitation of three assisted reproductive  
29 technology procedures that a covered individual may attempt.

30 (7) Require copayment or deductibles for assisted

1 reproductive technology treatments. Any copayment or deduction  
2 may not exceed those applied to pregnancy-related benefits under  
3 the same policy, contract or plan.

4 (c) The procedures required to be covered under this section  
5 may be contained in any policy or plan issued to a religious  
6 institution or organization or to any entity sponsored by a  
7 religious institution or organization that finds the procedure  
8 required to be covered under this section to violate its  
9 religious and moral teachings and beliefs.

10 (d) (1) The term "health insurance policy" when used in  
11 this section means an individual or group health insurance  
12 policy, contract or plan that provides medical or health care  
13 coverage by any health care facility or licensed health care  
14 provider on an expense-incurred service or prepaid basis and  
15 that is offered by or is governed under any of the following:

16 (i) This act.

17 (ii) Subdivision (f) of Article IV of the act of June 13,  
18 1967 (P.L.31, No.21), known as the "Public Welfare Code."

19 (iii) The act of December 29, 1972 (P.L.1701, No.364), known  
20 as the "Health Maintenance Organization Act."

21 (iv) The act of May 18, 1976 (P.L.123, No.54), known as the  
22 "Individual Accident and Sickness Insurance Minimum Standards  
23 Act."

24 (v) A nonprofit corporation subject to 40 Pa.C.S. Ch. 61  
25 (relating to hospital plan corporations) or 63 (relating to  
26 professional health services plan corporations).

27 (2) The term "infertility" when used in this section means  
28 the inability to conceive after one year of unprotected sexual  
29 intercourse or the inability to sustain a successful pregnancy.

30 Section 2. This act shall take effect in 60 days.