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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2017

AN ACT

RELATING TO INSURANCE -- INFERTILITY

Introduced By: Representatives Walsh, Ajello, Donovan, Casimiro, and Regunberg

Date Introduced: February 16, 2017

Referred To: House Corporations

It is enacted by the General Assembly as follows:

SECTION 1. Section 27-18-30 of the General Laws in Chapter 27-18 entitled "Accident

and Sickness Insurance Policies" is hereby amended to read as follows:

27-18-30. Health insurance contracts -- Infertility.

- (a) Any health insurance contract, plan, or policy delivered or issued for delivery or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, which includes pregnancy related benefits, shall provide coverage for medically necessary expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42) years. To the extent that a health insurance contract provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than infertility, the tests and procedures shall not be excluded from reimbursement when provided attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42) years; provided, that a subscriber co-payment not to exceed twenty percent (20%) may be required for those programs and/or procedures the sole purpose of which is the treatment of infertility.
- (b) For the purpose of this section, "infertility" means the condition of an otherwise presumably healthy married individual who is unable to conceive or sustain a pregnancy during a period of one year.
- 18 (c) Notwithstanding the provisions of § 27-18-19 or any other provision to the contrary, 19 this section shall apply to blanket or group policies of insurance.

- (d) The health insurance contract may limit coverage to a lifetime cap of one hundred thousand dollars (\$100,000).
- 3 SECTION 2. Section 27-19-23 of the General Laws in Chapter 27-19 entitled "Nonprofit 4 Hospital Service Corporations" is hereby amended to read as follows:

27-19-23. Coverage for infertility.

- (a) Any nonprofit hospital service contract, plan, or insurance policies delivered, issued for delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, which includes pregnancy related benefits shall provide coverage for medically necessary expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42) years. To the extent that a nonprofit hospital service corporation provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than infertility, those tests and procedures shall not be excluded from reimbursement when provided attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42) years; provided, that a subscriber copayment, not to exceed twenty percent (20%), may be required for those programs and/or procedures the sole purpose of which is the treatment of infertility.
 - (b) For the purposes of this section, "infertility" means the condition of an otherwise presumably healthy married individual who is unable to conceive or sustain a pregnancy during a period of one year.
- (c) The health insurance contract may limit coverage to a lifetime cap of one hundred thousand dollars (\$100,000).
- SECTION 3. Section 27-20-20 of the General Laws in Chapter 27-20 entitled "Nonprofit Medical Service Corporations" is hereby amended to read as follows:

27-20-20. Coverage for infertility.

(a) Any nonprofit medical service contract, plan, or insurance policies delivered, issued for delivery, or renewed in this state, except contracts providing supplemental coverage to Medicare or other governmental programs, which includes pregnancy related benefits shall provide coverage for the medically necessary expenses of diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42) years. To the extent that a nonprofit medical service corporation provides reimbursement for a test or procedure used in the diagnosis or treatment of conditions other than infertility, those tests and procedures shall not be excluded from reimbursement when provided attendant to the diagnosis and treatment of infertility for women between the ages of twenty-five (25) and forty-two (42) years. Provided, that subscriber copayment, not to exceed twenty percent (20%), may be required for those

- programs and/or procedures the sole purpose of which is the treatment of infertility.
- 2 (b) For the purposes of this section, "infertility" means the condition of an otherwise
- 3 presumably healthy married individual who is unable to conceive or sustain a pregnancy during a
- 4 period of one year.

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- 5 (c) The health insurance contract may limit coverage to a lifetime cap of one hundred
- 6 thousand dollars (\$100,000).
- 7 SECTION 4. Section 27-41-33 of the General Laws in Chapter 27-41 entitled "Health
- 8 Maintenance Organizations" is hereby amended to read as follows:

27-41-33. Coverage for infertility.

- 10 (a) Any health maintenance organization service contract plan or policy delivered, issued
- 11 for delivery, or renewed in this state, except a contract providing supplemental coverage to
- 12 Medicare or other governmental programs, which includes pregnancy related benefits, shall
- 13 provide coverage for medically necessary expenses of diagnosis and treatment of infertility for
- women between the ages of twenty-five (25) and forty-two (42) years. To the extent that a health
- 15 maintenance organization provides reimbursement for a test or procedure used in the diagnosis or
- 16 treatment of conditions other than infertility, those tests and procedures shall not be excluded
- 17 from reimbursement when provided attendant to the diagnosis and treatment of infertility for
- women between the ages of twenty-five (25) and forty-two (42) years; provided, that subscriber
- 19 copayment, not to exceed twenty percent (20%), may be required for those programs and/or
- 20 procedures the sole purpose of which is the treatment of infertility.
- 21 (b) For the purpose of this section, "infertility" means the condition of an otherwise
- 22 healthy married individual who is unable to conceive or sustain a pregnancy during a period of
- 23 one year.
- 24 (c) The health insurance contract may limit coverage to a lifetime cap of one hundred
- 25 thousand dollars (\$100,000).
- 26 SECTION 5. This act shall take effect upon passage.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

AN ACT

RELATING TO INSURANCE -- INFERTILITY

- 1 This act would provide insurance for infertility regardless of marital status.
- 2 This act would take effect upon passage.

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