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H.B. 347

INSURANCE COVERAGE FOR INFERTILITY TREATMENT

2014 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: LaVar Christensen

Senate Sponsor: _____

LONG TITLE

General Description:

This bill permits an accident and health insurer to offer a limited benefit plan for infertility treatment coverage.

Highlighted Provisions:

This bill:

- defines terms;
- requires the commissioner to allow limited benefit accident and health insurance benefits for infertility treatment;
- establishes some limitations and requirements for the infertility treatment coverage; and
- authorizes, at the discretion of the insurer and the enrollee, the use of the value of the adoption indemnity benefit for infertility treatment.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

AMENDS:

31A-22-610.1, as last amended by Laws of Utah 2006, Chapter 94

ENACTS:

H.B. 347

31A-22-642, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **31A-22-610.1** is amended to read:

31A-22-610.1. Adoption indemnity benefit.

(1) (a) (i) If an insured has coverage for maternity benefits on the date of an adoptive placement, the insured's policy shall provide an adoption indemnity benefit payable to the insured, if a child is placed for adoption with the insured within 90 days of the child's birth. If more than one child from the same birth is placed for adoption with the insured, only one adoption indemnity benefit is required.

(ii) This section does not prevent an accident and health insurer from:

(A) adjusting the benefit payable under this section for cost sharing measures imposed under the policy or contract for maternity benefit coverage; or

(B) providing additional adoption indemnity benefits including:

(I) extending the period of time after birth in which a child must be placed with an insured; or

(II) providing a benefit in excess of the amount specified in Subsection (1)(c).

(b) An insurer that has paid the adoption indemnity benefit under Subsection (1)(a) may seek reimbursement of the benefit if:

(i) the postplacement evaluation disapproves the adoption placement; and

(ii) a court rules the adoption may not be finalized because of an act or omission of an adoptive parent or parents that affects the child's health or safety.

(c) (i) The amount of the adoption indemnity benefit provided under Subsection (1) is $4,000 subject to the adjustments permitted by Subsection (1)(a)(ii).

(ii) An insurer may comply with the provisions of this section by providing the $4,000 adoption indemnity benefit to an enrollee to be used for the purpose of the enrollee obtaining infertility treatments rather than seeking reimbursement for an adoption in accordance with terms Ĥ→ **[~~agreed to~~]** **designated** ←Ĥ by the insurer Ĥ→ **[~~and the enrollee~~]** ←Ĥ .

(d) Each insurer shall pay its pro rata share of the adoption indemnity benefit if each adoptive parent:

(i) has coverage for maternity benefits with a different insurer; and

(ii) makes a claim for the adoption indemnity benefit provided in Subsection (1)(a).

(2) If a policy offers optional maternity benefits, it shall also offer coverage for adoption indemnity benefits if:

(a) a child is placed for adoption with the insured within 90 days of the child's birth; and

(b) the adoption is finalized within one year of the child's birth.

(3) If an insured qualifies for the adoption indemnity benefit under this section and receives services from a health care provider under contract with his insurer, the contracting health care provider may only collect from the insured the amount that the contracting health care provider is entitled to receive for such services under the contract, including any applicable copayment.

(4) For purposes of this section, "contracting health care provider" means:

(a) a "participating provider" as defined in Section 31A-8-101; or

(b) a "preferred health care provider" as described in Section 31A-22-617.

Section 2. Section **31A-22-642** is enacted to read:

31A-22-642. Infertility treatment limited benefit plans.

(1) As used in this section:

(a) "Infertility" is as defined by the American Society for Reproductive Medicine.

(b) (i) "Infertility treatment" includes:

(A) the diagnosis of infertility; and

(B) except as provided in Subsection (1)(b)(ii), treatment of infertility, including in vitro fertilization that is performed at a medical facility that conforms to American Society for Reproductive Medicine guidelines.

(ii) "Infertility treatment" may exclude in vitro fertilization if the insurer offers at least one limited benefit plan under this section that includes coverage for in vitro fertilization treatment in accordance with Subsection (4).

(c) "Patient" means a woman who:

(i) is married;

(ii) is the policyholder or the spouse of the policyholder;

(iii) is at least 21 years old but less than 44 years old; and

(iv) has been covered by the infertility treatment limited benefit plan for at least 12

continuous months prior to receiving infertility treatment under the policy.

(2) The commissioner shall permit an accident and health insurer to offer, and shall permit an individual or employer group to enroll in, a limited benefit plan for infertility treatment in accordance with this section.

(3) (a) An accident and health insurer may offer a limited benefit plan for infertility treatment to a patient if the accident and health insurer offers:

(i) a limited benefit plan that covers infertility treatment, including in vitro fertilization; or

(ii) two or more limited benefit plans:

(A) one of which covers infertility treatment, including in vitro fertilization; and

(B) one of which covers infertility treatment, but excludes coverage for in vitro fertilization.

(b) A health insurer may offer to provide the value of the adoption indemnity benefit to an enrollee to be used for infertility treatment in accordance with Subsection 31A-22-610.1(1).

(4) Infertility treatment coverage under Subsection (3)(a) shall:

(a) have a minimum actuarial value of 75%;

(b) have a lifetime maximum benefit of not less than $ Ĥ→ **[~~50,000~~]** **25,000** ←Ĥ ; and

(c) if in vitro fertilization is covered:

(i) only offer in vitro fertilization to a patient who has not been able to obtain a viable pregnancy through a procedure less costly than in vitro fertilization; and

(ii) limit embryos transferred per in vitro cycle to:

(A) one embryo for a patient who is at least 21 years old but less than 34 years old; and

(B) two embryos per cycle for a patient who is at least 34 years old but less than 44 years old.

Legislative Review Note
as of 2-12-14 10:20 AM

Office of Legislative Research and General Counsel