

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

## **An Act To Provide Access to Infertility Treatment**

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 24 MRSA §2320-H** is enacted to read:

### **§ 2320-H. Coverage for infertility treatment**

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Infertility" means the inability to become pregnant after one year of unprotected sex or the inability to carry a pregnancy to term.

B. "Treatment of infertility" means the following procedures provided for the purpose of the treatment of infertility:

(1) In vitro fertilization;

(2) Uterine embryo lavage;

(3) Embryo transfer;

(4) Artificial insemination;

(5) Gamete intrafallopian transfer;

(6) Zygote intrafallopian transfer;

(7) Intracytoplasmic sperm injection;

(8) Four completed egg retrievals per lifetime; and

(9) Low tubal ovum transfer.

**2. Required coverage.** All individual and group nonprofit hospital and medical services plan policies, contracts and certificates and all nonprofit health care plan policies, contracts and certificates must provide coverage for the treatment of infertility. A contract, policy or certificate that provides coverage for the services required by this section may contain provisions requiring a 50% or lower copayment by the insured.

**3. Limits.** The coverage required by this section is subject to the following conditions:

A. The covered individual must be married;

B. The covered individual's infertility may not be the result of a sexually transmitted disease;

C. The number of embryos implanted may not exceed the number set forth in rules adopted by the Department of Professional and Financial Regulation, Bureau of Insurance based on standards adopted by a nationally recognized society for reproductive medicine as outlined by a nationally recognized society for assisted reproductive technology; and

D. The contract, policy or certificate may not include coverage for procedures defined as experimental or investigational in rules adopted by the Department of Professional and Financial Regulation, Bureau of Insurance based on standards outlined by a nationally recognized society for reproductive medicine.

**Sec. 2. 24-A MRSA §2745-H** is enacted to read:

## **§ 2745-H. Coverage for infertility treatment**

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Infertility" means the inability to become pregnant after one year of unprotected sex or the inability to carry a pregnancy to term.

B. "Treatment of infertility" means the following procedures provided for the purpose of the treatment of infertility:

(1) In vitro fertilization;

(2) Uterine embryo lavage;

(3) Embryo transfer;

(4) Artificial insemination;

(5) Gamete intrafallopian transfer;

(6) Zygote intrafallopian transfer;

(7) Intracytoplasmic sperm injection;

(8) Four completed egg retrievals per lifetime; and

(9) Low tubal ovum transfer.

**2. Required coverage.** All individual insurance policies, contracts and certificates must provide coverage for the treatment of infertility. A contract, policy or certificate that provides coverage for the services required by this section may contain provisions requiring a 50% or lower copayment by the insured.

**3. Limits.** The coverage required by this section is subject to the following conditions:

A. The covered individual must be married;

B. The covered individual's infertility may not be the result of a sexually transmitted disease;

C. The number of embryos implanted may not exceed the number set forth in rules adopted by the bureau based on standards adopted by a nationally recognized society for reproductive medicine as outlined by a nationally recognized society for assisted reproductive technology; and

D. The contract, policy or certificate may not include coverage for procedures defined as experimental or investigational in rules adopted by the bureau based on standards outlined by a nationally recognized society for reproductive medicine.

**Sec. 3. 24-A MRSA §2837-I** is enacted to read:

### **§ 2837-I. Coverage for infertility treatment**

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Infertility" means the inability to become pregnant after one year of unprotected sex or the inability to carry a pregnancy to term.

B. "Treatment of infertility" means the following procedures provided for the purpose of the treatment of infertility:

(1) In vitro fertilization;

- (2) Uterine embryo lavage;
- (3) Embryo transfer;
- (4) Artificial insemination;
- (5) Gamete intrafallopian transfer;
- (6) Zygote intrafallopian transfer;
- (7) Intracytoplasmic sperm injection;
- (8) Four completed egg retrievals per lifetime; and
- (9) Low tubal ovum transfer.

**2. Required coverage.** All group insurance policies, contracts and certificates must provide coverage for the treatment of infertility. A contract, policy or certificate that provides coverage for the services required by this section may contain provisions requiring a 50% or lower copayment by the insured.

**3. Limits.** The coverage required by this section is subject to the following conditions:

A. The covered individual must be married;

B. The covered individual's infertility may not be the result of a sexually transmitted disease;

C. The number of embryos implanted may not exceed the number set forth in rules adopted by the bureau based on standards adopted by a nationally recognized society for reproductive medicine as outlined by a nationally recognized society for assisted reproductive technology; and

D. The contract, policy or certificate may not include coverage for procedures defined as experimental or investigational in rules adopted by the bureau based on standards outlined by a nationally recognized society for reproductive medicine.

**Sec. 4. 24-A MRSA §4234-F** is enacted to read:

### **§ 4234-F. Coverage for infertility treatment**

**1. Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Infertility" means the inability to become pregnant after one year of unprotected sex or the inability to carry a pregnancy to term.

B. "Treatment of infertility" means the following procedures provided for the purpose of the treatment of infertility:

(1) In vitro fertilization;

(2) Uterine embryo lavage;

(3) Embryo transfer;

(4) Artificial insemination;

(5) Gamete intrafallopian transfer;

(6) Zygote intrafallopian transfer;

(7) Intracytoplasmic sperm injection;

(8) Four completed egg retrievals per lifetime; and

(9) Low tubal ovum transfer.

**2. Required coverage.** All individual and group health maintenance organization contracts, policies and certificates must provide coverage for the treatment of infertility. A contract, policy or certificate that provides coverage for the services required by this section may contain provisions requiring a 50% or lower copayment by the insured.

**3. Limits.** The coverage required by this section is subject to the following conditions:

A. The covered individual must be married;

B. The covered individual's infertility may not be the result of a sexually transmitted disease;

C. The number of embryos implanted may not exceed the number set forth in rules adopted by the bureau based on standards adopted by a nationally recognized society for reproductive medicine as outlined by a nationally recognized society for assisted reproductive technology; and

D. The contract, policy or certificate may not include coverage for procedures defined as experimental or investigational in rules adopted by the bureau based on standards outline by a nationally recognized society for reproductive medicine.

**Sec. 5. Application.** This Act applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2016. For purposes of this Act, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

## SUMMARY

This bill requires that health insurance policies include coverage for the treatment of infertility if:

1. The covered individual is married;
2. The covered individual's infertility is not the result of a sexually transmitted disease; and
3. The number of embryos implanted does not exceed the number set forth in rules adopted by the Department of Professional and Financial Regulation, Bureau of Insurance.

Under this bill, a policy that provides such coverage may require a 50% or lower copayment by the insured.

This bill applies to all policies in effect on or after January 1, 2016.